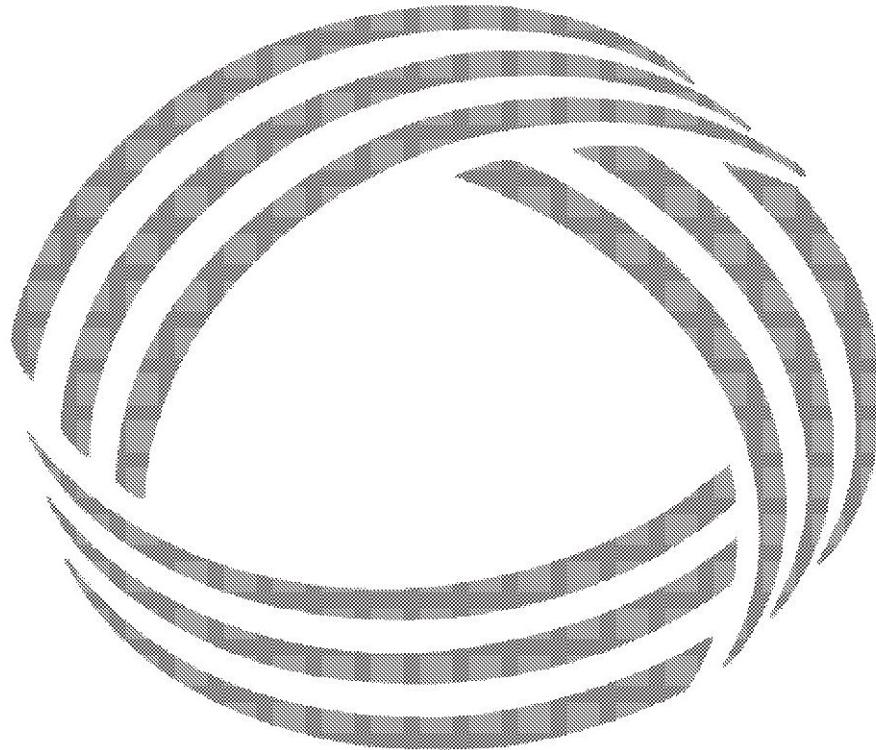


# EXHIBIT 8 (part 1)

## PART II

# **POLICIES AND PROCEDURES for EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES – Health Check Program (COS 600)**



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
DIVISION OF MEDICAID**

**Revised: October 1, 2020**

## Policy Revisions Record

### Part II Policies and Procedures Manual for EPSDT Services (Health Check)

**2020**

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
10/2020	Appendix C-2, p. C-7	CPT 90656 influenza virus vaccine, trivalent (IIV3) – deleted from vaccines for ages 19-20 years	D	DCH/ CDC/ CMS
07/2020	Appendix S	Clarifications that rates are for Medicaid-eligible and PeachCare for Kids-eligible members.	M	DCH
04/2020	905.4. p. IX-36	New 11 <sup>th</sup> Grade Immunization Requirement – booster dose of meningococcal conjugate vaccine required for new entrants or transfers into a GA school in the eleventh grade for 2020-21 academic school year	A	DPH
04/2020	905, p. IX-37-41	2020 CDC Immunization Schedules posted	A	CDC/ACIP
04/2020	Appendix A	Risk Factors Assessment Questionnaire revised	M	DPH
04/2020	Appendix R	2020 Immunization Schedules Changes & Guidance	A	CDC/ACIP
04/2020	Appendix S	EPSDT Health Check Reimbursement Rates	A	DCH
01/2020	1003, p. X-7 & 8 # 19	Incontinence Supplies: <i>Minimum age revised to 2 years.</i> Incontinence supplies are covered for children ages 2 through 21 years of age who have an underlying medical condition that prevents control of the bowels or bladder.	M	CMS
01/2020	Appendix A, p. A-1	Clarification made to requirements for Blood Lead Risk Assessment – Current Language: the questionnaire should be administered at 6, 9, and 18 months, and 3, 4, 5, 6 years of age.	M	DCH
01/2020	Appendix C-1 p. C-3	Correction: ICD 10 diagnosis code Z23 was inadvertently listed as Z23.0	M	DCH

**Policy Revisions Record****Part II Policies and Procedures Manual for EPSDT Services (Health Check)****2020**

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)

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## INTRODUCTION

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit includes a comprehensive array of preventive, diagnostic, and treatment services for Medicaid eligible infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act). The EPSDT benefit is also available to PeachCare for Kids® members up to 19 years of age. The EPSDT benefit is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of the EPSDT benefit is to assure that individual children get the health care they need when they need it. The EPSDT benefit also covers medically necessary diagnostic services. When a screening examination indicates the need for further evaluation of a child's health, the child should be appropriately referred for diagnosis without delay. States are required to arrange for and cover under the EPSDT benefit any Medicaid covered service listed in Section 1905(a) of the Act if that treatment or service is determined to be medically necessary to correct or ameliorate defects and physical and mental illnesses or conditions. This includes physician, nurse practitioner and hospital services; physical, speech/language, and occupational therapies; home health services, including medical equipment, supplies, and appliances; treatment for mental health and substance use disorders; treatment for vision, hearing and dental diseases and disorders, and much more. This broad coverage requirement results in a comprehensive, high-quality health benefit for children under age 21 enrolled in Medicaid.

*Reference: EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents available at*

[https://www.medicaid.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf)

The Health Check Program provides reimbursement for preventive health services, interperiodic visits, developmental screenings, brief emotional/behavioral assessments, hearing and vision screenings, and immunizations under the EPSDT benefit. This manual provides information pertaining to the required screening components of the EPSDT program which should be performed in accordance with the American Academy of Pediatrics (AAP) Bright Futures recommendations for preventive health/well-child check-ups. Diagnostic and Treatment (DT) services available under the EPSDT benefit are reimbursed under other program areas within the Georgia Medicaid and PeachCare for Kids® programs.

### *The Early and Periodic Screening Components of EPSDT*

All screening components for the preventive exam should be provided as outlined in this manual. The required screening components include: a comprehensive unclothed physical examination (unclothed means to the extent necessary to conduct a full, age-appropriate examination); a comprehensive health and developmental history; developmental appraisal (including mental, emotional and behavioral health components); anticipatory guidance and health education; measurements; dental/oral health assessment; vision and hearing tests; certain laboratory procedures; lead risk assessments, and immunizations. Immunizations as needed should be given at the time of the preventive health visit as appropriate. All of the age appropriate components per the periodicity schedule and this manual must be completed and documented for each screening as appropriate. All preventive/well-child services must be provided under the EPSDT benefit following the policies and procedures as outlined in this manual.

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### ***The Diagnostic and Treatment Components of EPSDT***

The Diagnostic and Treatment policies, procedures, and billing for the EPSDT benefit are found under other Georgia Medicaid programs. However, the Health Check provider may address a medical condition at the time of the preventive health visit or during an interperiodic visit. Under these circumstances, the Health Check provider bills for the office visit associated with the medical condition.

Provider Manuals relevant to the EPSDT benefit include, but may not be limited to:

- Advanced Nurse Practitioner Services
- Children's Intervention Services (CIS)
- Children's Intervention School Services (CISS)
- Dental Services
- Diagnostic Screening and Preventive Services (DSPS)
- Durable Medical Equipment (DME) Services
- Federally Qualified Health Center (FQHC) Services
- Georgia Pediatric Program (GAPP)
- Hospice Services
- Hospital Services
- Medicaid/PeachCare for Kids® Provider Billing Manuals
- Nurse Midwifery Services
- Orthotic and Prosthetic Services
- Pharmacy Services
- Physician Assistant Services
- Physician Services
- Rural Health Clinic (RHC) Services
- Vision Care Services

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Provider Manuals are available for downloading. Contact DXC Technology (DXC) at 1-800-766-4456 or visit the website at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) for more information.

### ***The Medically Fragile Child***

Many medically fragile children are under the care of medical specialists. The child's primary care provider may request Diagnostic and Treatment services for the child by documenting the medical necessity for the proposed medical service. The practitioner must state the medical reason for the requested service as it relates to the child's medical condition or diagnosis. These providers should refer to their applicable Medicaid programs' policies and procedures manual for policy guidelines. See Appendix M for resources available to children in Georgia and Appendix D for an explanation of services provided under the *Children's Intervention Services* program.

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## PART II - CHAPTER 600

### Special Conditions of Participation

#### **601. Enrollment**

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Physicians (pediatricians, family practitioners, general practitioners, internists, and OB/GYN specialists), Advanced Nurse Practitioners (pediatric, OB/GYN, family medicine or adult medicine), Certified Nurse Midwives, Local Education Agencies (LEAs) [school districts], hospitals, Local Boards of Health (county health departments), Rural Health Centers (RHCs) or Federally Qualified Health Centers (FQHCs) may enroll in the Health Check Program to provide EPSDT services. Physician sponsored advanced nurse practitioners (pediatric, OB/GYN, family medicine or adult medicine) and physician's assistants may also enroll in the Health Check program but must maintain current written protocols and physician sponsorship. These non-physician providers must submit an official letter from their physician sponsor as proof of physician sponsorship at the time of enrollment and at the time their physician sponsorship changes. Providers who wish to provide Diagnostic and Treatment services should enroll in their respective Medicaid program, such as Physician Services, Advanced Nurse Practitioner Services, etc. Physicians, nurse practitioners and nurse midwives may enroll in the Health Check Program to provide EPSDT services and their respective programs to provide diagnostic and treatment services by completing only one provider data form.

Local Education Agencies, hospitals, Local Boards of Health, RHCs or FQHCs must enroll as an entity, as opposed to each provider that will be providing services enrolling individually. The enrolling entity must ensure that only staff members who meet the qualifications listed in Section 602 of this manual are providing services.

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#### **Application Process**

Providers who wish to enroll in the Health Check program are required to:

- Meet the Conditions of Participation in Medicaid's Part I Policies and Procedures for Medicaid and PeachCare for Kids® Manual (Part I Manual) and the special conditions listed in Section 602;
- Read the EPSDT Benefit Policy Manual prior to signing enrollment forms and;
- Complete and sign the Health Check Required Equipment form in Appendix G

In addition, it is strongly encouraged that providers submit an application for enrollment into the Vaccines For Children (VFC) Program – see Section 905.3 for more information.

The Department of Community Health contracts with DXC to provide an electronic health care administration system for its contracted providers. The DXC field representatives are responsible for assisting Medicaid and PeachCare for Kids® providers with claims adjudication, the web portal and technical support. Contact DXC at 1-800-766-4456 for more information.

## ***602. Special Conditions of Participation***

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In addition to the general Conditions of Participation contained in Part I Policies and Procedures for Medicaid and PeachCare for Kids®, providers in the Health Check program must meet the following requirements:

- A. Physicians, including those employed or contracted by an LEA, must be currently licensed to practice medicine. (Refer to the Physician Services Manual)
- B. Nurse Practitioners, including those employed or contracted by an LEA, must maintain a current registered nurse license for the State of Georgia and current specialty certification by the appropriate certifying agent of the American Nurses Association. (Refer to the Advanced Nurse Practitioners Manual)
- C. Nurse Midwives, including those employed or contracted by an LEA, must maintain a current registered nurse license and current certification as a nurse-midwife by the American College of Nurse-Midwives (ACNW). A copy of the national certification must be on file with the Division of Medicaid. (Refer to the Nurse Midwifery Manual)
- D. Physician-sponsored providers, including those employed or contracted by an LEA, must be currently licensed to practice and must submit a copy of their license with the application. They must also maintain current written protocols, physician sponsorship and submit an official letter from their physician sponsor as proof of physician sponsorship. These providers include:
  - Certified pediatric, OB/GYN, family, general or adult nurse practitioners. A recent graduate of a Nurse Practitioner Program may enroll as a Nurse Practitioner once he/she passes the Specialty Certification exam.
  - Physician assistants must be licensed by the Georgia Board of Medical Examiners and be associated with one or more sponsoring physician(s) on file with the Composite State Board of Medical Examiners. (Refer to the Physician Assistant Services Manual)
  - Public Health registered nurses, affiliated with a Georgia local board of health, who have successfully completed the required training for expanded role nurses.

**602.1** Health Check providers must provide immunizations. It is recommended the provider enroll in the VFC program and submit a VFC Provider Enrollment Letter with their Health Check Provider Enrollment Application. This is encouraged because the vaccine administration fee is the only reimbursement a provider will receive for administering vaccines otherwise available through the VFC program. (The VFC vaccines may only be used by certain populations. See Section 905.3.) For members nineteen (19) years of age through twenty (20) years of age, VFC stock is not available. Providers must use their own stock of vaccines for these Medicaid eligible members and the Division will reimburse for the vaccine product and for vaccine administration.

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**602.2** Health Check providers must submit documentation verifying they possess the necessary equipment to perform all components of the periodic screening (See Chapter 900, Section 903 for the equipment list.)

**602.3** Health Check providers must determine whether members requesting a preventive health visit have already received that periodic screening. Periodic screenings for foster children in state custody are an exception to this requirement.

**602.4** Health Check providers must perform, at the time of the member's preventive health visit, all of the EPSDT required components for that visit as listed below, along with those identified in the Bright Futures Periodicity Schedule (see Section 902.1). The EPSDT required components include:

- A. A comprehensive health and developmental history, developmental appraisal (including mental, emotional and behavioral)
- B. A comprehensive unclothed physical examination (unclothed means to the extent necessary to conduct a full, age-appropriate examination) including measurements
- C. Health education and anticipatory guidance for both the child and caregiver
- D. Dental/oral health assessment
- E. Vision and hearing assessments
- F. Laboratory testing (including blood lead screening appropriate for age and risk factors)
- G. Appropriate immunizations, in accordance with the pediatric and adult schedules for vaccines established by the Advisory Committee on Immunization Practices

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**602.5** The Health Check provider must:

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- A. Use Place of Service (POS) code 99 for all preventive health services and interperiodic visits. Public Health providers – see Section 1003 for additional information;
- B. Document, in the member's health record, all services provided during the preventive health visit;
- C. Make available for on-site audits by the Division or its agents all records related to EPSDT services. Providers must submit plans for corrective action when requested;
- D. Refer the member to other ancillary service providers for services that are not covered under the Medicaid or PeachCare for Kids® programs;
- E. Provide services in a manner consistent with the policies, procedures and requirements outlined in this manual;
- F. If performing the required laboratory testing, be in compliance with the Clinical Laboratory Improvement Amendment. Providers seeking information concerning laboratory services should contact:

*Office of Health Care Facilities Regulations at (404) 657-5700*

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- G. Maintain an office, clinic, or other similar physical facility, which complies with local business and building license ordinances;
- H. Provide immunizations as needed at the time of the preventive health visit. Providers not enrolled in the VFC program will not be reimbursed for the cost of the vaccine they administer to Medicaid members if those vaccines can be provided under the VFC program. They will only be reimbursed the vaccine administration fee. To enroll in the Vaccines For Children Program, please call 1-800-848-3868. For members nineteen (19) years of age through twenty (20) years of age, VFC stock is not available. Providers must use their own stock of vaccines for these Medicaid eligible members and the Division will reimburse for the vaccine product and for vaccine administration.
- I. Maintain legible, accurate, and complete medical records in order to support and justify the services provided. A *Medical record* is a summary of essential medical information on an individual patient including dated reports supporting claims submitted to the Division for services provided in an office, hospital, outpatient, or other place of service. Records of service shall be entered in chronological order by the practitioner who rendered the service.

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**602.6** All documentation in the medical record shall be legible and shall include but not be limited to:

1. Date(s) of service
2. Patient's name and date of birth
3. Name and title of person performing the service
4. Pertinent medical history; immunizations
5. Pertinent findings on examination
6. Medications, equipment or supplies prescribed/provided
7. Recommendations for additional treatment, procedures, or consultations
8. Tests and results
9. Plan of treatment/care and outcomes
10. Refusal of care documented with signed form by responsible person for member
11. The signature of the person performing the service. The original handwritten personal signature (electronic or fax signatures are acceptable only if these documents are legible) of the person performing the service must be on each document contained in the patient's medical record. When a fax document or signature is included in the medical record, the document with the original signature must be retrievable from the original source. This includes but is not limited to progress notes and lab reports for each date of service billed.

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**NOTE:** *Electronic signature is defined as "an electronic or digital method executed or adopted by a party with the intent to be bound by or to authenticate a record, which is unique to the person using it, is capable of verification, is under the sole control of the person using it, and is linked to the data in such a manner that if the data are changed the signature is invalidated." O.C.G.A. 10-12-3. (1) (1997)*

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12. All documents contained in the medical record must be written in Standard English Language. Records must be available to the Georgia Division of Medicaid or its agents and to the U.S. Department of Health and Human Services upon request. Documentation must be timely, complete, and consistent with the by-laws and medical policies of the office or facility where the services are provided.

## PART II - CHAPTER 700

### Special Eligibility Conditions

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All persons eligible for Medicaid who are less than twenty-one (21) years of age are eligible for the EPSDT benefit with the exception of women aged eighteen to twenty-one (18 to 21) who are enrolled in the Planning for Healthy Babies Program (P4HB®). P4HB participants are not eligible for the EPSDT benefit. All persons eligible for the PeachCare for Kids® program are eligible for the EPSDT benefit.

## **PART II - CHAPTER 800**

### **Prior Approval/Authorization**

- 801.** The Health Check provider must provide all of the required EPSDT preventive health services, as identified by the periodicity schedule and this manual, during the preventive visit in order to be reimbursed at the Health Check visit rate. If additional service needs are identified, through the screening process, that are outside the scope of practice of the EPSDT primary care provider (PCP), the member must be referred to a provider who can address those needs.

If the provider is not the member's EPSDT PCP, the provider must notify the member's PCP of the preventive health/interperiodic visit and any additional service needs identified during that visit. The member's PCP must make the appropriate referral(s).

Some EPSDT services provided to Medicaid and PeachCare for Kids® members may require prior authorization and/or a referral if the member has a PCP/medical home and the member's PCP/medical home does not perform those additional services.

Documentation of care rendered outside of the PCP or the medical home (such as medical records and immunization charting) must be sent to the PCP or the medical home as identified by the member within five (5) business days of the provision of those services.

- 802.** Prior authorization may be required for services rendered by Diagnostic and Treatment providers. These providers should refer to their applicable Medicaid policy and procedure manuals for a listing of the services that require prior approval.

## PART II - CHAPTER 900

### Scope of Services

#### **901. General**

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The Health Check Program provides reimbursement for preventive health and interperiodic visits and other services provided during those visits.

The Diagnostic and Treatment components of the EPSDT benefit are covered under other Georgia Medicaid programs as described previously in this manual. Those programmatic policies and procedures should be followed as specified in the appropriate related manuals (i.e., Physician Services program, etc.). Diagnostic and Treatment services are provided for identified suspicious or abnormal conditions by either the Health Check provider, if qualified to perform those services, or upon referral to an appropriate service provider of the member's choice.

#### **902. AAP Periodicity Schedule and Georgia Minimum Standards for Screening Components**

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Rev. 07/19

Effective July 1, 2019, the Georgia Division of Medical Assistance Plans will adopt the AAP 2019 Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule as the periodicity schedule for EPSDT visits and services. The schedule is available at [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

The updated 2019 schedule consists of revisions to footnote 6 (blood pressure), footnote 24 (anemia) and footnote 25 (lead). A copy of the summary of changes is displayed in Appendix Q.

#### **902.1 Periodicity Schedule and Screening Sequence**

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The periodic intervals for screening for all Medicaid and PeachCare for Kids® Health Check providers, as shown on the following page, are based on the American Academy of Pediatrics' recommendations.

**NOTE:** *The updated 2019 Periodicity Schedule will be used for all EPSDT preventive health visits completed on or after July 1, 2019. Exception: the prenatal visit and over 21 years of age visit as listed on the schedule are not covered under the Health Check Category of Service (COS) 600.*

**Effective July 1, 2019, the GA Division of Medicaid adopted the updated AAP Bright Futures “Recommendations for Pediatric Health Care” Periodicity Schedule as the periodicity schedule for EPSDT preventive health visits and services.**



American Academy of Pediatrics

Recommendations for Preventive Pediatric Health Care

25



October 2000

EPSNT Services = Health Check program

5



**KEY**

- \* = to be performed
- \* = risk assessment to be performed, with appropriate action follow, if positive
- ← \* → = range during which a service may be provided, with the symbol indicating the preferred age.

**FOOTNOTES**

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per “The Prenatal Visit” (<http://pediatrics.aappublications.org/content/124/4/1227.full>).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in “Breastfeeding and the Use of Human Milk” (<http://pediatrics.aappublications.org/content/129/3/e827.full>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per “Hospital Stay for Healthy Term Newborns” (<http://pediatrics.aappublications.org/content/125/2/405.full>).
5. Screen, per “Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report” ([http://pediatrics.aappublications.org/content/120/Supplement\\_4/S164.full](http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full)).
6. Screening should occur per “Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents” (<http://pediatrics.aappublications.org/content/140/3/e20171904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

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7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians” (<http://pediatrics.aappublications.org/content/137/1/e20153596>) and “Procedures for the Evaluation of the Visual System by Pediatricians” (<http://pediatrics.aappublications.org/content/137/1/e20153597>).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (<http://pediatrics.aappublications.org/content/120/4/898.full>).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See “The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies” [http://www.jahonline.org/article/S1054-139X\(16\)00048-3/fulltext](http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext)
11. See “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (<http://pediatrics.aappublications.org/content/118/1/405.full>).
12. Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (<http://pediatrics.aappublications.org/content/120/5/1183.full>).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (<http://pediatrics.aappublications.org/content/135/2/384>) and “Poverty and Child Health in the United States” (<http://pediatrics.aappublications.org/content/137/4/e20160339>).
14. A recommended assessment tool is available at <http://crafft.org>.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at [http://www.aap.org/cn-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH\\_ScreeningChart.pdf](http://www.aap.org/cn-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf).
16. Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice” (<http://pediatrics.aappublications.org/content/126/5/1032>).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (<http://pediatrics.aappublications.org/content/127/5/991.full>).

18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel <https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html> as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/home>) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" <http://pediatrics.aappublications.org/content/124/4/1193>
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" <http://pediatrics.aappublications.org/content/129/1/190.full>
23. Schedules, per the AAP Committee on Infectious Diseases, are available at [http://redbook.solutions.aap.org/SS/Immunization\\_Schedules.aspx](http://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx)  
Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).

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25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf))
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" ([http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.

30. Adolescents should be screened for HIV according to the USPSTF recommendations <http://www.uspreventiveservicestaskforce.org/uspstf/usphivi.htm> once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. See USPSTF recommendations  
<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2>  
 Indications for pelvic examinations prior to age 21 are noted in “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (<http://pediatrics.aappublications.org/content/126/3/583.full>).
32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment  
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>  
 and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See “Maintaining and Improving the Oral Health of Young Children” (<http://pediatrics.aappublications.org/content/134/6/1224>).
33. Perform a risk assessment  
[https://www.aap.org/en-us/Documents/oralhealth\\_RiskAssessmentTool.pdf](https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf)  
 See “Maintaining and Improving the Oral Health of Young Children” (<http://pediatrics.aappublications.org/content/134/6/1224>).
34. See USPSTF recommendations  
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>  
 Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/content/134/3/626>).
35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/content/134/3/626>).

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## 902.2 Minimum Standards for Screening Components during the Preventive Health Visits

Required Components are specified here and in the chart and footnotes of the American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care (AAP Periodicity Schedule).

### Visit Components:

Every periodic health supervision (well-child) visit must include:

1. A comprehensive health, psycho-social and developmental history;
2. Documentation of vital signs;
3. An unclothed comprehensive physical examination (unclothed means to the extent necessary to conduct a full, age-appropriate examination);
4. Assessment of growth and nutritional status;
5. Assessment of immunization status and provision of appropriate immunizations. (Use the Advisory Committee on Immunization Practices (ACIP) schedules);
6. Screening for vision, hearing, and development, as per AAP guidance;
7. Laboratory testing where appropriate to age and exam findings, and in line with AAP guidance. (Some testing, if not bundled, may be covered under other programs i.e. Physician Services, DSPS, etc. Please follow those programs' guidelines for reimbursement.);
8. Oral health screening, preventive counseling, and referral to a dentist for ongoing dental care;
9. Screening for and if suspected, reporting of child abuse and neglect;
10. Anticipatory guidance (Health Education); and
11. Referrals /follow-ups where appropriate based on history and exam findings.

### Helpful materials:

<https://brightfutures.aap.org>

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CDC Positive Parenting Tips (handouts English and Spanish to download for families) at:  
<http://www.cdc.gov/ncbddd/child/infants.htm>

Immunization schedule (Recommended Immunization Schedule, 0-18 years)

<http://aaprcdbbook.aappublications.org/site/resources/izschedules.xhtml>

### A. Age

Calculate the child's age. If a child comes under care for the first time at any point on the schedule, or if any items were not accomplished at the suggested age, the member's visit should be brought up to date.

### B. History

**Initial history:** All ages: The history may be obtained at the time of the visit from the parent/guardian or it may be obtained through a form or checklist sent to the parent/guardian prior to the visit for completion.

History must contain, but is not limited to:

1. Present health status and past health history of member;
2. Developmental information;
3. Allergies and immunization history - allergies must be clearly and easily found in records;
4. Family history;
5. Dietary (nutrition) history;
6. Risk assessment of lead exposure; and
7. Refusal of Care documentation form (as necessary).

**Documentation:** Initial health history is recorded in the medical record.

**Interval history:** All ages: For known patients, the age-specific history may be confined to the interval since the previous evaluation. The provider must review and supplement these histories at the time of the patient's examination. Include nutrition history.

**Documentation:** Evidence of review.

## C. Measurements

### 1. Assessment of Growth:

**All ages:** Growth must be measured, plotted on a graph, and recorded as outlined below.

**Children younger than 2 years:** Age, weight, length, and head circumference are required. Measurements should be plotted on the appropriate World Health Organization (WHO) growth chart(s).

**Children 2 years of age and older:** Age, weight, height, and BMI are required. Measurements must be plotted on the appropriate Centers for Disease Control and Prevention (CDC) growth chart(s). The BMI number must be plotted on the BMI-for-age growth chart to obtain a BMI percentile ranking.

The CDC and WHO growth charts are available at the following website:  
<http://www.cdc.gov/growthcharts/>

**Documentation:** All measurements in numerical values must be recorded and plotted as indicated. All measurements outside of normal range must have an intervention. Interventions following assessments, as suggested by the CDC, are also acceptable. Please refer to Appendix F for the correct BMI diagnosis codes to be recorded on the claim. The diagnosis code must align with the BMI percentile plotted on the growth chart.

Fee For Service (FFS) EPSDT providers should not link the preventive health visit code to the BMI percentile diagnosis code on the claim.

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## **2. Blood Pressure Assessment:**

**Children younger than 3 years:** Infants and children with specific risk conditions need a blood pressure assessment. See the Bright Futures Guidance (BFG).

**Children 3 years and older:** Blood pressure assessment is performed at every visit.

**Documentation:** All measurements in numerical values must be recorded. All measurements outside of the normal range must have an intervention.

**NOTE:** Definitions for High Blood Pressure must follow the range published by the National High Blood Pressure Education Program in “The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents.”

[http://www.nhlbi.nih.gov/files/docs/resources/heart/hbp\\_ped.pdf](http://www.nhlbi.nih.gov/files/docs/resources/heart/hbp_ped.pdf)

The article, “Simple Table to Identify Children and Adolescents Needing Further Evaluation of Blood Pressure,” can be found in Pediatrics 2009; 123; e972-e974; David C. Kaelber and Frieda Pickett

<http://pediatrics.aappublications.org/cgi/reprint/123/6/c972>

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## **D. Sensory Screening**

### **1. Vision Procedure:**

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**Children from birth to 3 years of age:** A Vision Risk Assessment is needed at every visit. This risk assessment includes: ocular history, vision assessment, external inspection of the eyes and lids, ocular motility assessment, pupil and reflex examination.

If the risk assessment is positive, refer to an ophthalmologist.

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**Children 3 years and older:** A Vision Screening is required at the 3, 4, 5, 6, 8, 10, 12, and 15 year old visits. (The routine screening at age 18 has been changed to a risk assessment). A Vision Risk Assessment should be performed at all other visits. Patients uncooperative with screening and with no history, nor signs/symptoms of problems, should be re-screened within 6 months. To test visual acuity, use age appropriate tests. BFG suggests the Snellen letter or Symbol E charts. The use of alternative tests (HOTV or Matching Symbol, Faye Symbol, Allen Pictures) should be considered for preschoolers.

If the risk assessment is positive, conduct a vision screening. If the vision screening is positive, refer to an ophthalmologist.

Reminder: If a child wears eyeglasses, assessment regarding the need for referral for optometric re-evaluation must be made based on screening with eyeglasses and the length of time since the last evaluation.

**Documentation:** Sensory Screening documentation consists of an age appropriate assessment, assessment results (normal or abnormal) and examinations performed and results (pass/fail) data. Appropriate follow up or referral is needed for results outside of the normal range.

## **2. Hearing Procedure:**

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**Newborns:** All newborns should receive a newborn hearing screening per the AAP “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (<http://pediatrics.aappublications.org/content/120/4/898.full>)

If the newborn does not pass the hearing screening, refer for a follow-up outpatient rescreening within one month. For newborns who do not pass the rescreening, refer to an audiologist.

Georgia’s Early Hearing Detection and Intervention (EHDI) Program is housed in the Georgia Department of Public Health along with the Newborn Metabolic Screening Program and the Children 1<sup>st</sup> Program. These three programs maintain and support a comprehensive, coordinated, statewide public health screening and referral system. EHDI includes:

- Screening for hearing loss in the birthing hospital;
- Referral of newborns who do not pass the hospital screening for rescreening;
- Referral of newborns who do not pass the rescreening for diagnostic audiological evaluation; and
- Linkage to appropriate intervention for those babies diagnosed with hearing loss.

Refer to the Georgia EHDI Program (<http://dph.georgia.gov/EHDI>) for further guidance.

**Infants and toddlers under age 2 years:** These children should be monitored for auditory skills, middle ear status, and developmental milestones (surveillance).

**Infancy and Early Childhood visits:** Conduct a risk assessment at each preventive visit during the Infancy and Early Childhood years (from the three to five days visit through the 3 year old visit). If the risk assessment is positive, refer to an audiologist.

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**Middle Childhood and Adolescent visits:** Conduct a risk assessment during the preventive visit at ages 7 years and 9 years. If the risk assessment is positive, refer to an audiologist.

**At the 4, 5, 6, 8 and 10 year visits:** Appropriate universal hearing screening (objective) is required.

**At the 11 years through 20 years visits:** Screen with audiomtry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 20 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" [https://www.jahonline.org/article/S1054-139X\(16\)00048-3/fulltext](https://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext)

#### **Additional Guidance for Hearing Assessment Visits**

Concerns identified during surveillance for children less than 2 years of age should be followed by performance of screening using a validated global screening tool (ASQ, PEDS, etc.). Those who do not pass the speech-language portion of the global screen or who have a caregiver concern should be referred immediately for further evaluation. Children with persistent middle ear effusions should be referred for otologic evaluation.

Older children who fail the risk assessment tool or screening should have appropriate intervention. Older children with persistent middle ear effusions should be referred for otologic evaluation.

**Documentation:** Sensory Screening documentation consists of an age appropriate assessment, assessment results (normal or abnormal) and examinations performed and results (pass/fail) data. Appropriate follow up or referral is needed for results outside of the normal range.

Patients uncooperative with screening and with no history, nor signs/symptoms of problems, should be re-screened within 6 months. This time frame is not appropriate for newborns.

### **E. Psychosocial/Behavioral Assessment and Developmental Surveillance**

#### **1. Surveillance:**

**Required for all ages:** This assessment should occur with each clinical encounter with the child or adolescent. Comprehensive childhood surveillance of development includes activities that will document *social, emotional, communication, cognitive, and physical development* concerns (this content is listed at each health supervision visit in BFG under *Surveillance of Development*). Psychosocial/ behavioral surveillance will encourage activities and interventions to promote mental health and emotional well-being. See BFG Chapter 3.

**Documentation:** Evidence of surveillance.

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## **2. Developmental Screening:**

**Required at ages 9 months, 18 months, and 30 months:** This screening **must** be accomplished using one or more of the following recommended standardized developmental screening tools:

- Ages and Stages Questionnaire (ASQ) - 2 months to 5 years
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to 2 yrs
- Brigance Screens-II – Birth to 90 months
- Child Development Inventory (CDI) - 18 months to 6 years
- Infant Development Inventory – Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years
- Parents' Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

**NOTE: Screening tools not included in the list are not acceptable.** It is important to note that standardized tools specifically focused on one domain of development [e.g. child's socio-emotional development (ASQ-SE) or autism (M-CHAT)] are not included in the list. The screening is anchored to recommendations related to global developmental screening using tools that identify risk for developmental, behavioral and social delays.

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**Documentation:** Evidence of the screening. Documentation in the medical record must include all of the following: a note indicating the date on which the screening was performed; a copy of the completed standardized tool used; and documented evidence of a screening result or screening score. If indicated, document the follow-up assessment, therapeutic interventions used, referrals made, and treatments received.

## **3. Autism Screening:**

**Required at ages 18 months and 24 months or any time parents raise a concern:** The screening should be performed with an autism-specific screening tool. The Modified Checklist For Autism in Toddlers (MCHAT) is the recommended tool and downloadable at <https://m-chat.org>. The M-CHAT is a validated developmental screening tool for toddlers between 16 and 30 months of age, and should not be used for children younger than 16 months of age. The M-CHAT is designed to identify children who may benefit from a more thorough developmental and autism evaluation. The M-CHAT can be administered and scored as part of the preventive health visit, and also can be used by specialists or other professionals to screen for developmental delay and autism. The M-CHAT on-line version features the latest scoring system, Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F), making the results more sensitive in detecting developmental concerns.

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Rev. 07/17

**Documentation:** Evidence of the screening. Documentation in the medical record must include a note indicating the date on which the screening was performed; a copy of the screening tool used; and documented evidence of a screening result or screening score. If indicated, document the follow-up assessment, therapeutic interventions used, referrals made, and treatments received.

#### **4. Tobacco, Alcohol, or Drug Use Assessment:**

**Required at 11 years through 20 years of age:** At all adolescent (11-20 years) visits, pre-teens and teens should be asked about substance use.

The screening should be performed and documented or the child referred for care at any encounter when a parent raises a concern. AAP recommends using the CRAFFT screening tool (available at <http://www.crafft.org>) for this assessment. A copy of the CRAFFT Screening Interview is available in Appendix P.

**Documentation:** Evidence of assessment. Screening tool must be standardized and scorable. Document the screening tool used and the screening results (i.e., CRAFFT score). If indicated, document the follow-up assessment, therapeutic intervention used, referrals made, and treatments received.

#### **5. Depression Screening:**

**Required at 12 years through 20 years of age:** At all adolescent (12-20 years) visits, pre-teens and teens should be asked about depression.

AAP recommends using the Patient Health Questionnaire (PHQ)-2 (see Appendix P) [http://www.mentalhealth.org/pdf/tool\\_phq2.pdf](http://www.mentalhealth.org/pdf/tool_phq2.pdf) or other tools available in the GLAD-PC toolkit.

The Bright Futures instructions for use of the PHQ 2 Questionnaire are available at <https://brightfutures.aap.org>.

**Documentation:** Evidence of assessment. Document the screening tool used and the screening results in the medical record. If indicated, document the follow-up assessment, therapeutic intervention used, referrals made, and treatments received.

Fee For Service EPSDT providers should link the depression screening procedure code (96127) to the applicable preventive health visit ICD-10 diagnosis code. The providers should not link a depression screening diagnosis code to the preventive health visit procedure code.

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## **6. Maternal Depression Screening:**

**Required at the 1, 2, 4 and 6 month visits:** At all visits (1, 2, 4, and 6 months), the mothers of newborn children should be asked about depression.

The relevant AAP guidance, in concert with Bright Futures recommendations (<http://brightfutures.aap.org>), references screening mothers with one of the two methods endorsed by the US Preventive Task Force: (1) the Edinburgh Postnatal Depression Scale (EPDS) or (2) the Patient Health Questionnaire-2 (PHQ-2), the two-question screening, administered at 1, 2, 4 and 6 months postpartum, with follow up referral for resources and treatment.

A copy of the EPDS and instructions can be found at the following link:  
<https://psychology-tools.com/cpds/>

A copy of the PHQ2 is available at [http://www.cqaimh.org/pdf/tool\\_phq2.pdf](http://www.cqaimh.org/pdf/tool_phq2.pdf)

*NOTE: Per the BF guidance, "Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice"*

<http://pediatrics.aappublications.org/content/early/2010/10/25/peds.2010-2348>

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**Documentation:** Evidence of assessment. Screening tool must be standardized and scorable. Document the screening tool used and the screening results in the medical record. If indicated, document the follow-up assessment, therapeutic intervention used, referrals made, and treatments received.

If evidence of depression is documented, EPSDT providers may refer the mother to the Georgia Crisis and Access Line (GCAL). GCAL, a statewide toll free crisis hotline, provides access to resources and services to individuals in need of crisis management for mental health, addictive disease, and crisis services. GCAL can be reached 24 hours a day, 7 days per week at 1-800-715-4225 (GCAL) or accessed on the web at [www.mygcal.com](http://www.mygcal.com).

## **F. Physical Exam**

### **1. Physical Exam:**

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*All children:* A comprehensive physical exam is required for periodic and catch-up visits. The physical examination is the cornerstone of pediatric evaluation. Per the Federal EPSDT policy guidelines, the physical examination must be an unclothed physical inspection (unclothed means to the extent necessary to conduct a full, age-appropriate examination) that checks the general appearance of the child to determine overall health status. This process can pick up obvious physical defects, including orthopedic disorders, hernias, skin diseases, genital abnormalities and oral health needs. Physical inspection includes an examination of all organ systems such as pulmonary, cardiac, and gastrointestinal.

**Documentation:** Findings on all organ systems must be documented in the medical record. A checklist type form allowing documentation of normal/ abnormal findings may be utilized for recording the different organ systems. Abnormal findings require further evaluation, follow-up or parental counseling.

Rev. 10/14  
Rev. 01/15**2. Nutrition:**

The Federal EPSDT policy guidelines mandate assessment of nutritional status but state it can be accomplished during many different parts of the exam. “Accurate measurements of height and weight...are among the most important indices of nutritional status.” “If information suggests dietary inadequacy, obesity or other nutritional problems, further assessment is indicated.”

**Documentation:** Evidence of the assessment.

**G. Procedures**Rev. 01/11  
Rev. 10/14  
Rev. 07/16**1. Newborn Screenings****a. Newborn Blood Screening**

**All infants under 4 months:** Georgia law requires that every live born infant receive a metabolic screening for selective inherited disorders. The Georgia Newborn Screening (NBS) Program ensures that every newborn in Georgia is screened for 31 heritable disorders for prompt identification and treatment.

If the infant is discharged before twenty-four (24) hours after birth, a blood specimen shall be collected prior to discharge. In this case a second specimen shall be collected prior to 7 days of age.

Refer to the Georgia NBS Program for further guidance.

**Documentation:** All infants whose test results are unavailable at the time of the 3-5 day preventive visit must have a specimen collected immediately during this visit unless the results are pending due to processing.

The Newborn Blood Screening process may not be complete with results available before the first scheduled preventive health visit; however, these results should be actively tracked to completion and documented as soon as possible. If the results are outside the normal limits for a newborn screening disorder, the provider should ensure that the child receives prompt appropriate retesting and/or make a referral to an appropriate sub specialist.

Providers may access newborn screening results online through the State Electronic Notification Surveillance System (SendSS). Results are also available through the Georgia Public Health Laboratory’s Newborn Screening eReports web portal.

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Information regarding the SendSS registration process is available at:  
<https://scndss.state.ga.us/scndss/login.screen>

Providers may register as a user of the Georgia Department of Public Health Laboratory's Newborn Screening eReports electronic portal by completing the [Newborn Screening eReports Web Portal Registration Form](#). The form is available at <http://dph.georgia.gov/sites/dph.georgia.gov/files/NBS%20eReports%20Web%20Portal%20Registration%20form.pdf>

#### NOTE

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Newborn Bilirubin: The screening for bilirubin concentration at the newborn visit has been added. See "Hyperbilirubinemia in the Newborn Infant > 35 Weeks' Gestation: An Update With Clarifications"  
<http://pediatrics.aappublications.org/content/124/4/1193>

**b. Critical Congenital Heart Defect (CCHD) Screening**

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Rev. 07/17

Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement, "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease"  
<http://pediatrics.aappublications.org/content/129/1/190.full>

CCHD was added to the Georgia newborn screening panel in 2014. In accordance with the Georgia Newborn Screening Program's Policy and Procedure Manual, hospitals and birthing centers shall be equipped to conduct a critical congenital heart defect (CCHD) screening test on newborns using pulse oximetry. This screening can detect 14 common congenital heart defects in newborns which could result in disability and death. The CCHD screening should be performed in newborns before discharge from the hospital.

*Documentation:* Refer to the [Georgia Newborn Screening Program](#) for further guidance and documentation requirements.

## 2. Immunizations

All children: An immunization assessment is required for all children. This is a key element of preventive health services. Immunizations, if needed and appropriate, shall be given at the time of the preventive health visit. The Federal EPSDT policy guidelines mandate the use of the current ACIP schedule at <http://www.cdc.gov/vaccines>

**Documentation:** All immunizations (historic and current) must be documented in the medical record and recorded in the Georgia Registry of Immunization Transactions and Services (GRITS). Refusals must be documented with a signed document.

### 3. Anemia Screening (Hematocrit and Hemoglobin)

Rev. 07/17

#### Anemia Screening Procedure:

**At 12 months:** Screening must be performed on all members with documentation of a hemoglobin or hematocrit measurement.

**At 4 months:** Selective screening may be performed on all preterm, low birth weight infants and those not on iron fortified formula.

**Anemia Risk Assessment:** An anemia risk assessment is required at the 4, 15, 18, 24, and 30 months visits, and annually starting at 3 years.

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**Documentation:** Evidence of screening, if required, and/or test results as well as any further evaluation, treatment or counseling for results outside of the normal limits. Evidence of a risk assessment performed at the 4, 15, 18, 24, and 30 months visits, and annually thereafter starting at 3 years. This can be part of the nutrition assessment.

### 4. Lead Screening

#### Blood Lead Risk Assessment:

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The Blood Lead Risk Assessment is required at 6, 9 and 18 months and 3 to 6 years per the BFG periodicity schedule. A questionnaire, based on currently accepted public health guidelines, should be administered to determine if the child is at risk for lead poisoning. A recommended tool is the Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPPP) Blood Lead Risk Assessment Questionnaire which can be found at <https://dph.georgia.gov/lead-screening-guidelines-children>

When using the questionnaire, a blood lead test should be done immediately if the child is at high risk (one or more “yes” or “I don’t know” answers on the lead risk assessment questionnaire) for lead exposure. Completing this questionnaire does not count as a blood lead screening.

Note: Assessment questions are not needed if a Blood Lead Level (BLL) screening (test) will be done at the visit.

**Documentation:** Risk assessment findings per the Bright Futures periodicity schedule with selective BLL screening (test) if there is a positive response or a change in risk.

**Blood Lead Level (BLL) Screen:**

A BLL screening (test) is required at 12 and 24 months.

**Children between the ages of 36 months and 72 months:** All children in this age range must receive one BLL screening IF they have not previously been tested for lead exposure.

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ALL venous sample lead screening tests conducted using any Magellan Diagnostic lead testing system should be laboratory analyzed by a properly accredited laboratory.

**Documentation:** Test results as well as any further evaluation, treatment or counseling for results outside of the normal limits must be documented in the medical record.

Note: Completing a lead risk assessment questionnaire **DOES NOT** count as a blood lead level screening and does not meet Medicaid requirements.

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**NOTE:** The Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPPP) at 404-657-6534 has a Lead Risk Assessment Questionnaire that the provider may choose to use at <https://dph.georgia.gov/lead-screening-guidelines-children>

Resource: See Appendix A: Guidelines for Elevated BLL. These must be used if a child has results outside normal limits.

## 5. Tuberculin Risk Assessment and Test:

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**Tuberculin Risk Assessment:** Required at the 1, 6, 12, and 24 month visits then annually beginning at age 3 years. An assessment is given using a risk assessment questionnaire. The questionnaire should assess at least four (4) major risk factors:

- Contact with TB disease
- Foreign birth
- Foreign travel to TB endemic countries; and
- Household contact with TB

The AAP Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents (3<sup>rd</sup> edition) recommends asking the following questions:

- 1) Was your child born in a country at high risk for tuberculosis?
- 2) Has your child traveled (had contact with resident populations) for longer than 1 week to a country a high risk for tuberculosis?
- 3) Has a family member or contact had tuberculosis or a positive tuberculin skin test?

**Documentation:** Validated risk assessment and responses. If positive on initial risk assessment questions, there should be a TB test recorded.

Resources: <https://brightfutures.aap.org/materials-and-tools/Pages/default.aspx>

### Tuberculin Test

TB testing is not required at any age. The TB test is only administered to a child when questions are positive on the TB risk assessment or as the practitioner designates.

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**Documentation:** If administered, a recorded Tuberculin skin test. If the practitioner needs to defer testing for reasons that cannot be validated with professionally written guidelines, consult with state TB experts. If a child cannot be given the screening test on this day, a follow-up visit is necessary. Document risk appropriate attempts to contact and re-schedule the appointment if the parent fails to keep the follow up appointment.

If the TB skin test result for a high-risk child less than six (6) months is negative, please retest the child at six (6) months of age.

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Rev. 10/19

For more information visit the [Georgia Department of Public Health Tuberculosis \(TB\) Prevention and Control Program](#). [TB Public Health Clinic Forms](#) (reporting & notification forms, legal forms, case management/clinic forms, TB assessments), including the [Pediatric Tuberculosis \(TB\) Risk Assessment](#), are available.

## 6. Dyslipidemia

**Risk Assessment and selective screening when indicated:** At the 2, 4, 6, 8 year and adolescence (12 through 16 year) visits.

Rev. 10/14  
Rev. 07/17

**Screening:** Once between 9 and 11 years and once between 17 and 20 years: Universal screening is needed if not done previously in late adolescence (see periodicity schedule).

**Documentation:** Results of risk assessment and screening. Abnormal findings during assessment or screening require further evaluation, follow-up or parental counseling.

Resource: See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” ([http://www.nhlbi.nih.gov/guidelines/cvd\\_pcd/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_pcd/index.htm)).

**7. Sexually Transmitted Infections (STIs):**

**Risk Assessment:** At the 11 through 20 year visits.

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Rev. 10/15  
Rev. 07/17

**Screening:** Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.<sup>1</sup>

**Documentation:** Results of risk assessment and screening. Abnormal findings during assessment or screening require further evaluation, treatment, follow-up, referral or parental counseling.

**8. Human Immunodeficiency Virus (HIV):**

Rev. 07/17

**Risk Assessment:** At the 11 through 14 year and 19 through 20 year visits.

**Screening:** Adolescents should be screened for HIV once between the ages of 15 and 18 years, according to the USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening1>), making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

**Documentation:** Results of risk assessment and screening. Abnormal findings during assessment or screening require further evaluation, treatment, follow-up, referral or parental counseling.

The following in-office procedure codes are available for reimbursement for the routine HIV screening:

Rev. 10/15

- 86701 – Analysis for antibody to HIV-1 virus
- 86702 – Analysis for antibody to HIV-2 virus
- 86703 – Analysis for antibody to HIV-1 and HIV-2 virus (Oraquick test)
- 87389 – Detection test for HIV-1 and HIV-2
- 87390 – Detection test for HIV-1
- 87391 – Detection test for HIV-2

Refer to the Part II Policies and Procedures For Independent Lab Services Program Manual.

**9. Cervical Dysplasia (Pap Test)**

Rev. 10/12  
Rev. 10/14

Adolescents should not be routinely screened for cervical dysplasia prior to age 21 years.

Indications for pelvic exams prior to age 21 are noted in the “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (<http://pediatrics.aappublications.org/content/126/3/583.full>)

## H. Oral Health

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Rev. 07/17

Every child should begin to receive oral health risk assessments by 6 months of age.

The AAP recommends both the establishment of a dental home and the first dental exam no later than 12 months of age.

Assessing for a dental home should occur at the 12-month and 18-month through 6-year visits.

**Risk Assessment:** At the 6 and 9 month visits, conduct an oral health risk assessment.

[https://www.aap.org/en-us/Documents/oralhealth\\_RiskAssessmentTool.pdf](https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf)

Encourage the parent to select a dental home.

For the 12, 18, 24, and 30 month visits, assess whether the child has a dental home. If no dental home is identified, perform a risk assessment and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>). For those at high risk, consider application of fluoride varnish for caries prevention.

At 3 and 6 years: Determine if the patient has a dental home. If not, a refer-

al must be made. If a dental home has not been established, perform a risk assessment. For those at high risk, consider application of fluoride varnish for caries prevention.

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**Documentation:** Document a referral or inability to refer to a dental home if one has not been established. Document the risk assessment if less than 6 years and dental home not established. Document dental appointment for older children and care per AAPD periodicity schedule. Any abnormal findings must have an appropriate intervention for all children.

An oral health risk assessment tool has been developed by the AAP/Bright Futures. This tool can be accessed at

[https://www.aap.org/en-us/Documents/oralhealth\\_RiskAssessmentTool.pdf](https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf)  
([www.aap.org/oralhealth](http://www.aap.org/oralhealth))

### 1. Fluoride Varnish

Rev. 04/16

Rev. 10/16

Once teeth are present, the application of fluoride varnish is required and may be applied every 3-6 months in the primary care or dental office for children between the ages of 6 months and 5 years. Indications for fluoride use are noted in the 2014 AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting"

(<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>)

**Documentation:** Evidence that fluoride varnish was applied once between the ages of 6 months and 5 years OR evidence that the provider addressed the fluoride varnish requirement and/or its importance with the parent.

## 2. Fluoride Supplementation

Rev. 07/17

Starting at tooth eruption, fluoridated toothpaste is recommended.  
[\(https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-recommends-fluoride-to-prevent-dental-caries.aspx\)](https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-recommends-fluoride-to-prevent-dental-caries.aspx)  
[\(http://www.aapd.org/media/policies\\_guidelines/g\\_fluoridetherapy.pdf\)](http://www.aapd.org/media/policies_guidelines/g_fluoridetherapy.pdf)

If primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/content/134/3/626>)

**Risk Assessment:** Required at the 6 through 12 month visits, 18 month through 30 month visits, and then annually beginning at 3 years through 16 years.

**Documentation:** Evidence that the provider addressed the fluoride supplementation requirement and/or its importance with the parent.

## I. Anticipatory Guidance Procedure:

Rev. 04/11  
Rev. 10/14

**For all ages:** Anticipatory guidance and health education must be offered. It is a federally required component of the EPSDT preventive health visit. Age appropriate topics/information must be presented during each visit. Providers may use oral and written information. Providers may refer to the specific guidance by age as listed in the Bright Futures Guidelines.

Note: Providers must document discussion or provision of guidance for all children on Injury and Violence Prevention. Bright Futures Guidelines recommend and DCH requires sleep positioning counseling and documentation of such at every visit for members aged birth to six (6) months. DCH encourages sleep positioning counseling through the nine (9) month visit.

**Documentation:** Topics or name of handout given.

## J. Referral/Treatment noted between the PCP and Specialist *or* Follow-Up for Abnormal Values

Rev. 10/14

All suspicious or abnormal findings identified during an EPSDT visit must be treated or be further evaluated. The provider must either treat (if qualified) or refer all members with abnormal findings.

**Documentation:** Evidence of appropriate plan of care, treatment or referral for all components, results, and overriding concerns.

### **903. Required Equipment and Required Location Where Services Are To Be Provided**

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Rev. 04/11  
Rev. 10/14  
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Rev. 07/17

In addition to an examination table and routine supplies, providers **must** have the following equipment in their office or clinic in order to complete the EPSDT preventive health exam:

1. Scale for weighing infants and other children;
2. Measuring board or appropriate device for measuring length or height in the recumbent position for infants and children up to the age of two (2) years;
3. Measuring board or accurate device for measuring height in the vertical position for children who are over two (2) years old;
4. Blood pressure apparatus with infant, child and adult cuffs;
5. Screening audiometer;
6. Eye charts appropriate for age of the child;
7. Ophthalmoscope and otoscope;
8. Developmental/Behavioral Health screening tools and supplies for the following:

*Developmental Screening - The required developmental screenings at ages 9 months, 18 months, and 30 months **must** be accomplished using one or more of the recommended standardized developmental screening tools specified in Section 902.2.*

- Autism Screening
- Depression Screening
- Maternal Depression Screening
- Tobacco, Alcohol, or Drug Use Assessment

9. Vaccines and immunization administration supplies; and
10. Lab supplies for appropriate lab tests/screenings.

The provider may also have a Centrifuge or other device for measuring hematocrit or hemoglobin.

### **904. Periodic, Catch-up and Interperiodic Visits**

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Rev. 10/12  
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Rev. 07/17

The Georgia Department of Community Health, Division of Medicaid adopted the updated 2017 Bright Futures Periodicity Schedule and the schedule's components as the guidelines for each EPSDT preventive health visit. Please use these guidelines, the following tables and the EPSDT HIPAA referral codes (See Section 911) when billing for the EPSDT visit.

**Table A:** Use this table when billing for the EPSDT periodic visits of children who are on time for their visits according to the updated 2017 Bright Futures Periodicity schedule. One visit from each sequence may be billed.

**Table B:** Use this table when billing for the EPSDT periodic visits of children who have missed one or more of their EPSDT periodic visits according to the updated 2017 Bright Futures Periodicity schedule and need to get caught up with the Periodicity schedule.

**Table C:** Use this table when billing for the EPSDT interperiodic visits of children who are up to date on their periodic visits but have a medical necessity for another visit: i.e. referred to the EPSDT provider because of a suspected problem by a health, developmental, or educational professional who comes into contact with the child outside of the formal health care system or a need identified by the provider or parent.

**Note:** *Children in state custody (foster care) may require more frequent EPSDT services. Effective March 3, 2014, all children in state custody were transitioned to Medicaid managed care.*

**Table A****On Time EPSDT Periodic Visit Procedure Codes**

Use the preventive visit codes (99381-99385, 99391-99395) for Medicaid-eligible and PeachCare for Kids® (PCK)-eligible children. All preventive visits must be coded with the EP modifier (Refer to Table A) and appropriate diagnosis code (Refer to Table A-2). The 25 modifier must be included when a vaccine is administered during the preventive visit. A preventive visit that is not performed as specified in the periodicity schedule should be coded as a catch-up visit (Refer to Table B.) Catch-up visits are only available for children younger than three (3) years of age.

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Rev. 04/14  
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If an abnormality/ies is encountered or a preexisting problem is addressed during the EPSDT Periodic visit, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M (evaluation and management) service, then the appropriate Office/Outpatient code 99211 or 99212 should also be reported. If the member is a new patient, *defined as one who has not received any EPSDT services (face-to-face services reported with a CPT code) from a practitioner or any practitioner within the same group practice of the exact same specialty or subspecialty within the past 3 years*, code the EPSDT preventive visit using the 9938x codes. If the member is an established patient, *defined as one who has received an EPSDT service from a practitioner or any practitioner within the same group practice of the same specialty or subspecialty within the past 3 years*, code the EPSDT preventive visit using the 9939x codes. Use the 99211 or 99212 code for the office visit component. (There is a reimbursement rate differential for PCK's members as identified in Table C.)

Modifier EP and 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same EPSDT provider on the same day as the EPSDT Periodic visit. The appropriate EPSDT Periodic visit code is additionally reported. If an abnormality/ies is encountered use the appropriate HIPAA diagnosis code which relates to the medical service(s) provided.

**Other helpful information**

The blood lead level screening is due at the 12 and 24 month preventive visits and the preventive visit will not be reimbursed without documentation that the blood lead level screening occurred. Providers must bill CPT code 36415 or 36416 with ICD-10 diagnosis code Z13.88 to signify blood lead level screening.

Reimbursement for immunization administration will be provided when vaccines are administered and properly coded on the claim by the provider.

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Rev. 10/15

The appropriate EPSDT Referral Code should be documented on the EPSDT claim when an EPSDT preventive visit has occurred. (See Section 911 – EPSDT HIPAA Referral Codes and Appendix K – EPSDT HIPAA Referral Code Examples.)

**Table A**

<b>Sequence Numbers</b>	<b>HIPAA Procedure Code</b>	<b>HIPAA Modifier</b>	<b>Fee For Service Reimbursement</b>	<b>Periodic Exam to take place at stated age. Otherwise, code as Catch-Up Visit</b>
1				<i>Newborn Visit (performed in the hospital)</i>
2				3-5 days
3				by 1 month
4	99381 or 99391	EP	\$67.38	2 months
5				4 months
6				6 months
7				9 months
8				12 months
9				15 months
10	99382 or 99392	EP	\$67.38	18 months
11				24 months
12				30 months
13				3 years
14				4 years
15				5 years
16	99383 or 99393	EP	\$67.38	6 years
17				7 years
18				8 years
19	99383 or 99393	EP	\$75.38 – Private \$55.38 – Public Health	9 years
20				10 years
21				11 years
22				12 years
23	99384 or 99394	EP	\$75.38 – Private \$55.38 – Public Health	13 years
24				14 years
25				15 years
26				16 years
27				17 years
28				18 years
29	99385 or 99395	EP	\$75.38 – Private \$55.38 – Public Health	19 years
30				20 years

Rev. 07/16

Effective July 1, 2015, physicians and physician extenders who are eligible for the HB 76 FY 2016 Primary Care Providers (PCP) rate increase will be reimbursed at the following rates, as indicated below in **Table A-1**, when the specified codes are billed for established Medicaid-eligible and PCK-eligible members.

Rev. 10/16

Effective July 1, 2016, physicians and physician extenders who are eligible for the HB 751 FY 2017 Primary Care Providers (PCP) rate increase will be reimbursed at the following rates, as indicated below in **Table A-1**, when the specified codes are billed for established Medicaid-eligible and PCK-eligible members.

Rev. 4/18

Effective July 1, 2017, physicians and physician extenders who are eligible for the HB 44 FY 2018 Primary Care Providers (PCP) rate increase will be reimbursed at the following rates, as indicated below in **Table A-1**, when the specified codes are billed for established Medicaid-eligible and PCK-eligible members.

**Table A-1**

<b>Primary Care Providers (PCP) Rate Increases</b>					
<b>Age</b>	<b>Preventive Visit Code</b>	<b>HIPAA Modifier</b>	<b>HB 76 FY2016 Increased Reimbursement Rate</b>	<b>HB 751 FY2017 Increased Reimbursement Rate</b>	<b>HB 44 FY2018 Increased Reimbursement Rate</b>
Birth – 11 months	99381	EP	\$106.68		
	99391		\$86.47	\$96.08	
12 months – 4 years	99382	EP	\$92.46	\$102.74	\$111.27
	99392				
5 years – 11 years	99383	EP	\$92.17	\$102.41	\$116.19
	99393				
12 years – 17 years	99384	EP	\$101.03	\$112.25	\$131.62
	99394				
18 years – 20 years	99385	EP	\$103.24	\$114.71	\$127.75
	99395				

**Table A-2**

Table A-2 displays the correct ICD-10 diagnosis codes to be used when billing preventive health visits.

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<b>ICD-10 Code</b>	<b>At this Age</b>
Z00.110	0 – 7 days
Z00.111	8 – 28 days
Z00.121 or Z00.129	29 days through 14 years
Z00.121 or Z00.129  Z00.00 or Z00.01	15 years through 17 years
Z00.00 or Z00.01	18 years through 20 years
Z02 – Z02.89	0 through 20 years

**TABLE B****Catch-Up EPSDT Visit Procedure Codes**

Use Table B-1 for Medicaid-eligible and PeachCare for Kids®-eligible children who have missed their EPSDT periodic visit(s). Catch-up preventive visits are only available for children younger than three (3) years of age. All catch-up preventive visits must be coded with the EP and HA modifiers (see Table B-1) and appropriate diagnosis code (see Table B-1). The 25 modifier must be included when a vaccine is administered during the catch-up preventive visit.

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Rev. 10/11  
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Rev. 10/12  
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Rev. 10/13  
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Rev. 07/15  
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Rev. 07/16

The Health Check provider must complete all missed components during this catch-up visit but may only bill for one catch-up visit (Example - Child presents to the Health Check provider at eight (8) months of age and has missed the four and six month periodic visits. All components of the four and six month periodic visits must be included during the present catch-up visit and documentation must be provided for all periodic visit components included during this catch-up visit.) The appropriate EPSDT Catch-Up visit procedure code (see Table B-1 above) along with the EP and HA modifiers and appropriate diagnosis code (see Table B-1) must be included on the claim.

If abnormalities are encountered or a preexisting problem is addressed during the EPSDT Catch-Up visit, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99211 or 99212 should also be reported. The provider should use the appropriate HIPAA diagnosis code that relates to the medical service(s) provided and include modifiers EP and 25.

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Rev. 10/14

If the member is a new patient, *one who has not received any EPSDT services (defined as face-to-face services reported with a CPT code) from a practitioner or any practitioner within the same group practice of the exact same specialty or subspecialty within the past 3 years,* code the EPSDT preventive visit using the 9938x codes. If the member is an established patient, *defined as one who has received an EPSDT service from a practitioner or any practitioner within the same group practice of the same specialty or subspecialty within the past 3 years,* code the EPSDT preventive visit using the 9939x codes. Use the 99211 or 99212 codes for the office visit component. (There is a reimbursement rate differential for PCK's members as identified in Table C.)

**Other helpful information**

Rev. 10/14  
Rev. 10/15

The blood lead level screening is due at the 12 and 24 month preventive visits and the preventive visit will not be reimbursed without documentation that the blood lead level screening occurred. Providers must bill CPT code 36415 or 36416 with ICD-10 diagnosis code Z13.88 to signify blood lead level screening.

Reimbursement for immunization administration will be provided when vaccines are administered and properly coded on the claim by the provider.

The appropriate EPSDT Referral Code should be documented on the EPSDT claim when an EPSDT periodic visit has occurred. (See Section 911 – EPSDT HIPAA Referral Codes and Appendix K – EPSDT HIPAA Referral Code Examples.)

Tables B-1 and B-2 display the correct modifiers to be used when billing catch-up preventive health visits.

Rev. 10/16

Effective July 1, 2016, physicians and physician extenders who are eligible for the HB 751 FY 2017 Primary Care Providers (PCP) rate increase will be reimbursed at the following rates, as indicated below in **Table B-2**, when the specified codes are billed for established Medicaid-eligible and PCK-eligible members.

Rev. 04/18

Effective July 1, 2017, physicians and physician extenders who are eligible for the HB 44 FY 2018 Primary Care Providers (PCP) rate increase will be reimbursed at the following rates, as indicated below in **Table B-2**, when the specified codes are billed for established Medicaid-eligible and PCK-eligible members.

**Table B-1**

HIPAA Proc Code	Age of Child	HIPAA Modifier	2nd modifier	Fee For Service Reimbursement
99381 or 99391	0 days through 11 months	EP	HA	\$67.38
99382 or 99392	12 months up to 3 years	EP	HA	\$67.38

**Table B-2**

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Primary Care Providers Rate Increases						
HIPAA Proc Code	Age of Child	HIPAA Modifier	2nd modifier	HB 76 FY2016 Increased Reimbursement Rate	HB 751 FY2017 Increased Reimbursement Rate	HB 44 FY2018 Increased Reimbursement Rate
99381	0 days through 11 months	EP	HA		\$106.68	
99391				\$86.47	\$96.08	
99382	12 months up to 3 years	EP	HA			\$111.27
99392				\$92.46	\$102.74	

**Table B-3** displays the correct ICD-10 diagnosis codes to be used when billing catch-up preventive health visits.

**Table B-3**

<b>ICD-10 Diagnosis Code</b>	<b>At this Age</b>
Z00.110	0 – 7 days
Z00.111	8 – 28 days
Z00.121 or Z00.129	29 days to 3 years
Z02 – Z02.89	0 to 3 years

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Rev. 07/14  
Rev. 10/15  
Rev. 01/16  
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**TABLE C****Interperiodic EPSDT Visit Procedure Codes**

Per the Federal EPSDT policy guidelines, interperiodic screening, vision, hearing, and dental services which are medically necessary to determine the existence of suspected physical or mental illnesses or conditions are to be provided.

Rev. 07/11  
Rev. 04/12  
Rev. 01/14  
Rev. 10/14  
Rev. 01/15  
Rev. 07/16

Use Table C-1 for Medicaid-eligible and PeachCare for Kids®-eligible children who are up to date on their periodic exams but have been referred because of a suspected problem to a qualified health provider by a health, developmental, or educational professional who comes into contact with the child outside of the formal health care system or a need identified by the provider or parent. The complete set of EPSDT preventive health visit components does not have to be performed. EPSDT providers must document the correct level of care when using office visit codes. The rate differential for PCK's members are shown in Table C-1.

Code the EPSDT interperiodic visit (99201-99203, 99211-99214) with the EP modifier. When vaccines are administered during the interperiodic visit, code the EPSDT interperiodic visit (99201-99203, 99212-99214) with the EP and 25 modifiers. The National Correct Coding Initiative (NCCI) does not allow reimbursement of the 99211 code when it is billed together with any of the vaccine administration codes (90460, 90471-90474).

**Table C-1**

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HIPAA Procedure Code	HIPAA Modifier	HIPAA Diagnosis Code	Medicaid Fee For Service (FFS) Reimbursement	PeachCare for Kids® (PCK) Fee for Service (FFS) Reimbursement
99201 (new patient)	EP	*	\$35.13	\$41.20
99202 (new patient)	EP	*	\$54.57	\$71.16
99203 (new patient)	EP	*	\$76.33	\$103.01
99211 (established patient)	EP	*	\$17.46	\$17.46
99212 (established patient)	EP	*	\$29.67	\$41.54
99213 (established patient)	EP	*	\$40.70	\$69.11
99214 (established patient)	EP	*	\$62.71	\$102.49

\*Use the appropriate HIPAA diagnosis code that relates to the medical service(s) provided.

**TABLE C****Primary Care Providers Rate Increases**

Rev. 07/16  
Rev. 10/16

Effective July 1, 2015, physicians and physician extenders who are eligible for the HB 76 FY 2016 Primary Care Providers (PCP) Rate Increase will be reimbursed \$63.14, as indicated below in Table C-2 when procedure code 99213 is billed. This rate increase does not apply to PeachCare for Kids® members.

Effective July 1, 2016, physicians and physician extenders who are eligible for the HB 751 FY 2017 Primary Care Providers (PCP) rate increase will be reimbursed at the following rates, as indicated below in Table C-2, when the specified codes are billed for established Medicaid-eligible and PeachCare for Kids®-eligible members.

Rev. 04/18

Effective July 1, 2017, physicians and physician extenders who are eligible for the HB 44 FY 2018 Primary Care Providers (PCP) rate increase will be reimbursed at the following rates, as indicated below in **Table C-2**, when the specified codes are billed for established Medicaid-eligible and PCK-eligible members.

**Table C-2**

Rev. 10/16  
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<b>Primary Care Providers Rate Increases</b>					
<b>HIPAA Procedure Code</b>	<b>HIPAA Modifier</b>	<b>HIPAA Diagnosis Code</b>	<b>HB 76 FY2016 Increased Reimbursement Rate</b>	<b>HB 751 FY2017 Increased Reimbursement Rate</b>	<b>HB 44 FY2018 Increased Reimbursement Rate</b>
99201 (new patient)	EP	*			\$41.30
99202 (new patient)	EP	*		\$71.33	
99203 (new patient)	EP	*		\$103.80	
99211 (established patient)	EP	*			\$18.97 <sup>1</sup> (FFS) \$19.79 <sup>2</sup> (PCK)
99212 (established patient)	EP	*		\$41.63	
<b>99213 (established patient)</b>	EP	*	\$63.14 <sup>1</sup> (FFS)	\$70.15	
99214 (established patient)	EP	*		\$103.72	

\*Use the appropriate HIPAA diagnosis code that relates to the medical service(s) provided.

<sup>1</sup>This rate increase does not apply to PeachCare for Kids® members.

<sup>2</sup>This rate increase does not apply to Medicaid FFS members.

**Table C****Interperiodic Vision and Hearing Screening**

Rev. 07/11  
Rev. 10/11  
Rev. 04/14

An enrolled provider may use the codes as indicated below in Table C-3 when billing for vision and/or hearing screening only. For example, a recheck of a failed hearing screening or a child who needs Form 3300 (Certificate of Vision, Hearing, Dental and Nutrition Screening) completed. Separate reimbursement is not allowed when these screenings are performed during the periodic preventive visit. Please see Table C-3 below.

**Table C-3**

HIPAA Procedure Code	HIPAA Modifier	Interperiodic Screening	ICD-10 Diagnosis Code	PCK and FFS Rate
99173	EP	Interperiodic Vision	Z01.00 or Z01.01 Or appropriate abnormal results code	\$5.62
V5008, 92551-92553, 92555-92556	EP	Interperiodic Hearing	Z01.10 or Z01.110 Or Z01.118 Or appropriate abnormal results code	\$5.62

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Rev. 07/14  
Rev. 10/15

**Note:** The Georgia Department of Public Health's Form 3300 has been revised to document a nutrition screening. More information and a copy of the form can be found at:  
[http://www.gachd.org/DPH\\_Form\\_3300.pdf](http://www.gachd.org/DPH_Form_3300.pdf)

Rev. 04/11

The determination of whether an interperiodic screen is medically necessary may be made by a health, developmental, or educational professional who comes into contact with the child outside of the formal health care system [e.g., State early intervention or special education programs, Head Start and day care programs, the Special Supplemental Food Program for Women, Infants and Children (WIC), and other nutritional assistance programs]. Providers may not bill interperiodic and periodic visits on the same day.

## **905. Immunizations**

### **905.1 Recommended Immunization Schedule:**

The Recommended Childhood Immunization Schedule should be used as the guideline for administering immunizations.

### **905.2 Delayed Immunizations:**

Practitioners who begin the immunization process on children who are late or at times other than the recommended optimal immunization schedule may use recommendations from the Advisory Committee on Immunization Practices (ACIP) - see schedule for Children and Adolescents Who Start Late.

### **905.3 Vaccines for Children (VFC) Program:**

It is recommended that all Health Check providers enroll in the Vaccines For Children program to provide immunizations to Medicaid eligible children whose ages are birth through eighteen (18) years of age. If the Health Check provider giving the EPSDT preventive health exam does not wish to participate in VFC, it is expected that they administer vaccines at the time of service and understand that only the administration fee will be reimbursed. The Vaccines For Children (VFC) program is a federally funded and state operated vaccine supply program that began October 1, 1994. The program supplies, at no cost to all public health and private health care providers, federally purchased vaccines to be administered to children in certain groups. Children eligible to receive VFC-provided vaccines include the following:

- A. children enrolled in Medicaid;
- B. children who do not have health insurance;
- C. children who are American Indian or Alaskan native; and
- D. children who have health insurance but for whom vaccines are not a covered benefit.

**Note: PeachCare for Kids® members may receive state purchased vaccines.**

Questions regarding enrollment and vaccine orders should be directed to the appropriate VFC program (1-800-848-3868).

Since vaccines are provided at no cost to the Health Check provider for children eighteen (18) years and younger, only administration costs are allowed to be submitted for reimbursement for vaccines administered to this age group.

Rev. 04/09  
Rev. 10/14

Rev. 01/10  
Rev. 04/12  
Rev. 03/13  
Rev. 10/14

## **905.4 Tdap and Meningococcal Requirements**

### **7<sup>th</sup> Grade Immunization Requirements**

Rev. 07/14  
Rev. 04/20

Beginning in the 2014-2015 academic school year (effective July 1, 2014), the Georgia Department of Public Health (DPH) Rule (511-2-2) requires all students born on or after January 1, 2002 entering or transferring into seventh (7<sup>th</sup>) grade and any “new entrant” entering into 8<sup>th</sup>-12<sup>th</sup> grades in Georgia must provide proof that the student has received one dose of Tdap (tetanus, diphtheria, pertussis) vaccine and one dose of meningococcal conjugate (MCV4) vaccine. DPH guidelines state that the student must have received the meningococcal vaccine on or after their 10<sup>th</sup> birthday for entry into the 7<sup>th</sup> grade. A student that received the meningococcal vaccine before their 10<sup>th</sup> birthday will need to be revaccinated on or after his/her 10<sup>th</sup> birthday. There is a minimum time interval of 8 weeks between the previous dose of the MCV4 vaccine and the newly required dose.

This law affects all public and private schools including, but not limited to, charter schools, community schools, juvenile court schools and other alternative school settings (excluding homeschool). “New Entrant” means any child entering any school in Georgia for the first time or entering after having been absent from a Georgia school for more than twelve months or one school year.

### **11<sup>th</sup> Grade Immunization Requirements**

Rev. 04/20

Georgia's immunization requirements for students entering or transferring into the eleventh grade have been revised to align with the current recommendations of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Beginning in the 2020-2021 academic school year (effective July 1, 2020), all students who are new entrants or transfers into a Georgia school in the eleventh grade, will require proof of a booster dose of the meningococcal conjugate vaccine, unless their first dose was received on or after their sixteenth birthday. Georgia law requires students be vaccinated against this disease, unless the child has an exemption.

*<https://dph.georgia.gov/immunization-section>*

# Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2020

United States, 2020

(For those who fall behind or start late, see the catch-up schedule)

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

If a specimen contains more than one type of microorganism, it must be tested with the media that follow for those who fall behind or start later, provide catch-up information at the earliest opportunity as indicated by the growth bars.

**NOTE:** The above recommendations must be read along with the footnotes of this schedule Refer 10 footnotes at <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18/schedule-combined-schedule.pdf>

## Catch-up Immunization Schedule for Children and Adolescents who start late or who are more than 1 month behind, United States, 2020

State	Age for Minimum Retirement	Age for Maximum Retirement	Benefit at Age 62	Benefit at Age 65	Benefit at Age 70
Alabama	62	70	\$1,000	\$1,300	\$1,600
Alaska	62	70	\$1,000	\$1,300	\$1,600
Arizona	62	70	\$1,000	\$1,300	\$1,600
Arkansas	62	70	\$1,000	\$1,300	\$1,600
California	62	70	\$1,000	\$1,300	\$1,600
Colorado	62	70	\$1,000	\$1,300	\$1,600
Connecticut	62	70	\$1,000	\$1,300	\$1,600
Delaware	62	70	\$1,000	\$1,300	\$1,600
Florida	62	70	\$1,000	\$1,300	\$1,600
Georgia	62	70	\$1,000	\$1,300	\$1,600
Hawaii	62	70	\$1,000	\$1,300	\$1,600
Idaho	62	70	\$1,000	\$1,300	\$1,600
Illinois	62	70	\$1,000	\$1,300	\$1,600
Indiana	62	70	\$1,000	\$1,300	\$1,600
Iowa	62	70	\$1,000	\$1,300	\$1,600
Kansas	62	70	\$1,000	\$1,300	\$1,600
Louisiana	62	70	\$1,000	\$1,300	\$1,600
Maine	62	70	\$1,000	\$1,300	\$1,600
Maryland	62	70	\$1,000	\$1,300	\$1,600
Massachusetts	62	70	\$1,000	\$1,300	\$1,600
Michigan	62	70	\$1,000	\$1,300	\$1,600
Minnesota	62	70	\$1,000	\$1,300	\$1,600
Mississippi	62	70	\$1,000	\$1,300	\$1,600
Missouri	62	70	\$1,000	\$1,300	\$1,600
Montana	62	70	\$1,000	\$1,300	\$1,600
Nebraska	62	70	\$1,000	\$1,300	\$1,600
Nevada	62	70	\$1,000	\$1,300	\$1,600
New Hampshire	62	70	\$1,000	\$1,300	\$1,600
New Jersey	62	70	\$1,000	\$1,300	\$1,600
New Mexico	62	70	\$1,000	\$1,300	\$1,600
New York	62	70	\$1,000	\$1,300	\$1,600
North Carolina	62	70	\$1,000	\$1,300	\$1,600
North Dakota	62	70	\$1,000	\$1,300	\$1,600
Ohio	62	70	\$1,000	\$1,300	\$1,600
Oklahoma	62	70	\$1,000	\$1,300	\$1,600
Oregon	62	70	\$1,000	\$1,300	\$1,600
Pennsylvania	62	70	\$1,000	\$1,300	\$1,600
Rhode Island	62	70	\$1,000	\$1,300	\$1,600
South Carolina	62	70	\$1,000	\$1,300	\$1,600
South Dakota	62	70	\$1,000	\$1,300	\$1,600
Tennessee	62	70	\$1,000	\$1,300	\$1,600
Texas	62	70	\$1,000	\$1,300	\$1,600
Utah	62	70	\$1,000	\$1,300	\$1,600
Vermont	62	70	\$1,000	\$1,300	\$1,600
Virginia	62	70	\$1,000	\$1,300	\$1,600
Washington	62	70	\$1,000	\$1,300	\$1,600
West Virginia	62	70	\$1,000	\$1,300	\$1,600
Wisconsin	62	70	\$1,000	\$1,300	\$1,600
Wyoming	62	70	\$1,000	\$1,300	\$1,600

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.  
Refer to footnotes at <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yr-schedule.pdf>.

## Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

**Table E** Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

Rev. 04/11	Rev. 04/12	Rev. 04/14	Rev. 04/15	Rev. 04/16	Rev. 04/17	Rev. 04/18	Rev. 04/19	Rev. 04/20	INDICATION					
									HIV infection (CD4+ count)	Immunocompromised status (excluding HIV infection)	Pregnancy	Kidney failure, end-stage renal disease, or on hemodialysis	C3f leaks or cochlear implants	Aplasia or persistent complement component deficiencies
Herpes zoster vaccine									<15% and total CD4 cell count of <200/mm <sup>3</sup>					
Type B														
Pneumococcal conjugate vaccine														
Inactivated poliovirus														
Influenza (I)														
Influenza (H)														
Measles, mumps, rubella														
Varicella														
Hepatitis A														
Tetanus, diphtheria, &acellular pertussis (Tdap)														
Haemophilus influenzae type b														
Meningococcal														
Rheumatic fever/acute glomerulonephritis														
Vaccination according to the routine schedule														
Other recommendations														

Legend:

Not recommended

Considered—vaccine should be administered

Delay vaccination

Precaution—vaccine might be delayed if benefit of protection outweighs risk of adverse reaction

Recommended if vaccine indicated

Not applicable

Not indicated

Delay vaccination if vaccine indicated

Precaution—vaccine might be delayed if benefit of protection outweighs risk of adverse reaction

Recommended if vaccine indicated

Not applicable

Not indicated

1 For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, “Altered Immunocompetence,” at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

2 Severe Combined Immunodeficiency

3 LADV contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.

October 2020

EPSDT Services – Health Check Program

## Recommended Adult Immunization Schedule by Age Group, United States, 2020

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2020

	Rev. 01/10	Rev. 04/11	Rev. 04/12	Rev. 04/13	Rev. 04/14	Rev. 04/15	Rev. 04/16	Rev. 04/17	Rev. 04/18	Rev. 04/19	Rev. 04/20	Vaccine	18–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV)																
Influenza recombinant (rIV)																
Influenza live, attenuated (ILV)																
Tetanus, diphtheria, pertussis (Tdap or Td)																
Mosquito, mumps, rubella (MMR)																
Varicella (Var)																
Zoster recombinant (ZRE) (preferred)																
Zoster live (ZV)																
Human papillomavirus (HPV)																
Pneumococcal conjugate (PCV13)																
Pneumococcal polysaccharide (PPV23)																
Hepatitis A (HepA)																
Hepatitis B (HepB)																
Meningococcal A, C, W, Y (MenACWY)																
Meningococcal B (MenB)																
Haemophilus influenzae type b (Hib)																

Legend:  
 Recommended vaccination for adults who meet age requirements  
 Not recommended or vaccination of vaccination for adults with an increased risk of disease or infection  
 Recommended vaccination based on clinical benefit/risk ratio  
 No recommendation  
 Not applicable

The above recommendations are located at <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

October 2020

EPSDT Services – Health Check Program

## **Recommended Adult Immunization Schedule by Medical Condition and Other Indications**

**Table 2** Recommended Adult Immunization Schedule by Medical Condition and Other Indications, United States, 2020

The above recommendations are located at <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-immunization-schedule.pdf>

## **906. Diagnostic, Treatment and Referral Services**

Rev. 07/10  
Rev. 10/14

All suspicious or abnormal findings identified during an EPSDT preventive health visit must be treated or be further evaluated.

When an EPSDT service is needed but not performed during the EPSDT preventive health visit, the child provider should be appropriately referred for diagnosis.

Rev. 04/12  
Rev. 10/14

For non-CMO (care management organization) Medicaid and PeachCare for Kids® Fee-For Service (FFS) members, the screening provider must either treat (if qualified) or refer all members with abnormal findings. Members needing referrals must be appropriately referred to Medicaid or PeachCare for Kids® enrolled providers. For information on billing levels allowed for treatment during the EPSDT periodic and interperiodic visits, see section 1003. Billing Tips.

If the provider is not the member's EPSDT PCP, the provider must notify the member's PCP of the preventive health/interperiodic visit to discuss any clinical findings which require prompt medical attention.

Referral and prior authorization may be required for children who are assigned a PCP.

Rev. 01/10  
Rev. 10/14

The level of treatment required should determine whether additional services are billed or provided during the EPSDT scheduled visit.

Rev. 07/10

## **907. Lead Risk Assessment and Screening**

### **907.1 Purpose:**

The purpose of screening for lead absorption is to identify children who have either symptomatic or asymptomatic lead poisoning and to intervene as quickly as possible to reduce their blood lead levels.

Rev. 07/08  
Rev. 07/10  
Rev. 10/14

### **907.2 Lead Screening:**

- A. Since 1989, Federal law has required that children enrolled in Medicaid must have their blood lead level measured at 12 and 24 months of age.
- B. A blood lead test, *capillary* or *venous*, must be used when screening Medicaid-eligible children. A capillary Blood Lead Test that is elevated ( $\geq 10\text{ug/dL}$  reported by a certified lab or  $\geq 6\text{ug/dL}$  with the Lead Care II analyzer) must be confirmed with a repeat Blood Lead Test (confirmatory venous specimen is preferred) at a certified laboratory.
- C. ALL **venous** sample lead screening tests conducted using any Magellan Diagnostic lead testing system should be laboratory analyzed by a properly accredited laboratory.

Rev. 07/17

### **907.3 Lead Health Education and Anticipatory Guidance**

Health education is a required component of screening services (EPSDT benefit in accordance with section 1905(r) of the Act) and includes anticipatory guidance.

#### ***Anticipatory Guidance regarding Lead Exposure***

Anticipatory guidance should be provided to families when children are:

- A. 3-6 months of age and again at 12 months.
- B. Between the ages of 24 and 72 months at well-child visits and when a lead risk assessment questionnaire is administered.

The following topics should be covered with anticipatory guidance:

- A. Effects of lead poisoning on children
- B. Sources of lead poisoning
- C. Pathways of exposure (including placental exposure)
- D. How to prevent a child's exposure to lead hazards
- E. Appropriate schedule for testing children for lead poisoning

### **907.4 Lead Case Management**

Rev. 10/12  
Rev. 04/14

All children whose initial screening test shows an elevated blood lead level should follow the Georgia Healthy Homes and Lead Poisoning Prevention Program's (GHHLPPP) Case Management Guidelines. Georgia Department of Public Health (DPH) Lead Hazard Risk Assessors, under the guidance of the GHHLPPP, will perform an environmental lead risk assessment for all children with a confirmed blood lead level of  $\geq 10$  ug/dL, as well as provide education about low cost methods to reduce identified lead hazards. As a primary care provider, you will be notified by a DPH Lead Hazard Risk Assessor of the results of the environmental lead risk assessment and remediation recommendations.

Refer to the GHHLPPP Case Management Guidelines located in Appendix A, Guidelines in Screening and Reporting Elevated Blood Lead Levels.

## **908. Oral Health and Dental Services**

Rev. 10/14

Per the Federal EPSDT policy guidelines, dental services must be provided to eligible members under twenty-one years of age. Dental services required under the EPSDT benefit include:

- Dental care needed for relief of pain, infection, restoration of teeth, and maintenance of dental health (provided at as early an age as necessary); and
- Emergency, preventive, and therapeutic services for dental disease that, if left untreated, may become acute dental problems or cause irreversible damage to the teeth or supporting structures.

In addition, medically necessary oral health and dental services, including those identified during an oral screening or a dental exam, are covered under the EPSDT benefit.

Refer to the Dental Services Program Policy and Procedures Manual.

Rev. 07/12  
Rev. 10/19

In accordance with the American Academy of Pediatric Dentistry (AAPD) Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents, dental providers should refer to the “Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling” Schedule. The AAPD intends these recommendations to help practitioners make clinical decisions concerning preventive oral health interventions, including anticipatory guidance and preventive counseling, for infants, children, and adolescents. The schedule may be assessed at <http://www.aapd.org/assets/1/7/periodicity-aapdschedule.pdf>